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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/686,302
Filing Date	October 15, 2003
First Named Inventor	David H. Masury
Art Unit	3731
Examiner Name	Victor X. NGUYEN
Attorney Docket Number	0194-2001US02

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Response and Return Receipt Postcard.
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		Remarks
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		The Commissioner is hereby authorized to charge any fee deficiencies or credit any overpayments associated with this submission to the PIERCE ATWOOD LLP Deposit Account No. 50-0282.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PIERCE ATWOOD LLP		
Signature			
Printed name	James M. McAleenan		
Date	5/8/06	Reg. No.	56,820

CERTIFICATE OF TRANSMISSION/MAILING

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Masury et al. Group Art Unit No.: 3731
 Application No : 10/686,302 Examiner: Victor X. NGUYEN
 Filed : October 15, 2003 Confirmation No.: 7115
 For: : SURGICAL SCALPEL

CERTIFICATE OF MAILING

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SUPPLEMENTAL RESPONSE UNDER 37 C.F.R. § 1.111

MAIL STOP: **AMENDMENT**

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This is a Supplemental Response to replace the Applicant's Amendment dated March 08, 2006 for Office Action dated November 15, 2005 and in view of an Examiner interview dated April 27, 2006, Applicant respectfully requests reconsideration of the application in view of the following Remarks.

Amendments to the Claims begins on page 2.

Remarks begin on page 7.

Applicant believes that no extensions of time or fees for net addition of claims are required at this time. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefore (including fees for net addition of claims) are hereby authorized to be charged to Deposit Account No. 500282.